

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **07754947** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1					52		
3				1			53		
4					1		54		
5		1					55		
6					1		56		
7						1	57		
8						1	58		
9						1	59		
10						1	60		
11						1	61		
12						1	62		
13						1	63		
14						1	64		
15						1	65		
16						1	66		
17						1	67		
18						1	68		
19						1	69		
20						1	70		
21	1		1				71		
22	1		1				72		
23				1			73		
24					1		74		
25					1		75		
26					1		76		
27					1		77		
28						1	78		
29						1	79		
30						1	80		
31	1						81		
32							82		
33						1	83		
34						1	84		
35						1	85		
36						1	86		
37						1	87		
38						1	88		
39						1	89		
40						1	90		
41						1	91		
42						1	92		
43						1	93		
44						1	94		
45						1	95		
46						1	96		
47						1	97		
48						1	98		
49						1	99		
50						1	100		
TOTAL IND.	3	4	2	1			TOTAL IND.		
TOTAL DEP.	21	2	2	5			TOTAL DEP.		
TOTAL CLAIMS	32	32	32	32			TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS